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BUSINESS REGULATION

CHARLES BORSTEL
COMMISSIONER, DIVISION OF
PROFESSIONAL LICENSURE

THOMAS HOPKINS
EXECUTIVE DIRECTOR

Docket Number: _____
(Staff Use Only)

PARKING LOT COMPLAINT FORM
Section 23, 521 CMR

**PLEASE BE ADVISED THAT THIS FORM IS A MATTER OF PUBLIC RECORD AND WILL
BE DISCLOSED UPON REQUEST.**

1. Location of the parking lot believed to be in violation of the Rules and Regulations:

Building Name or Description:

Street Address:

City/Town:

2. Name and address of the building owner or manager (if known):

Name: _____

Mailing Address:

3. What is the total number of parking spaces in the lot? _____ How many lots? _____
4. Date when the parking lot was last repainted? _____
5. Are any handicapped spaces currently provided? _____ yes _____ no. If you answered no, go to #7. If you answered yes, check the following items which you believe are in violation:

a) Check any of the following which apply:

General

- _____ Handicapped parking spaces are not the closest spaces in the lot to the accessible entrance. (Section 23.3.1)
- _____ An accessible passenger drop-off area is not provided within 100 feet of an accessible entrance, when handicapped parking spaces are located more than 200 feet from an accessible entrance. (Section 23.3.3)
- _____ Where sidewalks are provided at handicapped parking spaces, a curb cut is not installed at the access aisle of each handicapped parking space or pair of spaces. (Section 23.5)
- _____ Accessible route to an accessible entrance is not provided wherever passenger loading zone or parking area is provided. (Section 23.7.1)
- _____ Passenger loading zones do not provide an access aisle at least 60 inches wide, adjacent and parallel to the vehicle space. (Section 23.7.2)
- _____ Valet parking does not provide a passenger loading zone located on an accessible route to the entrance. (Section 23.8)

Space Design

- _____ Handicapped parking space is less than 8 feet wide, plus the access aisle. (Section 23.4.1)
- _____ Handicapped parking space is not level and does not have a uniform, paved or hard packed smooth surface. (Section 23.4.4)
- _____ Handicapped parking spaces are not marked by high contrast painted lines or delineation. (Section 23.4.5)
- _____ Access aisle adjacent to handicapped parking space is less 5 feet wide. (Section 23.4.6b)

- _____ Access aisles are not level. They are not clearly marked by means of diagonal stripes. (Section 23.4.6 d & e)
- _____ Handicapped parking space is not identified by a sign indicating that it is reserved:
 - _____ A sign is not located at the head of each space. (Section 23.6.1)
 - _____ The sign is more than 10 feet away. (Section 23.6.1)
 - _____ The sign does not show an international symbol of accessibility. (Section 23.6.2)
 - _____ The sign is not set between 5 feet and 8 feet to the top of the sign. (Section 23.6.4)

Van-Accessible Spaces

- _____ Van accessible space is not provided. (Section 23.2.2)
- _____ Van accessible spaces are less than 8 feet wide. (Section 23.4.7d)
- _____ Access aisle of 8 feet is not provided at van accessible space. (Section 23.4.7e)
- _____ Van accessible space does not have a sign designating it as "Van Accessible." (Section 23.4.7b)
- _____ A minimum of 8 feet, 2 inches of vertical clearance is not provided at van accessible spaces and accessible passenger loading zones, and along at least one vehicle access route to such areas from site entrances and exits. (Section 23.4.7a)

b) Please include any other details you believe may be relevant. The Board's staff also recommends you include photographs of the violation if possible. (Please use additional sheets if necessary):

6. What was the most recent date you observed the violation? _____

7. Do you want to receive copies of all correspondence regarding the complaint and be notified of any meetings or hearings? ____ yes ____no

8. Name and address of person/organization filing this complaint (if organization is filing, please provide the Board with the name of a contact person)(**required**):

Name: _____

Mailing Address:

E-mail: _____

Telephone: _____

9. Individual Signature (**required**): _____

Date: _____